

### **NUTRITION PRACTICE REPORT**

**This form is used to report questionable or unethical practices in nutrition and/or the provision of misleading or fraudulent nutrition information.**

#### **PERSON REGISTERING REPORT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

PHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME WORK

#### **PERSON PROVIDING NUTRITION INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

PHONE: \_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
HOME WORK

**State the nature of the incident. Include dates and locations of the offense, names of witnesses, and copies of documents relevant to your report.**

(You may attach separate sheet for additional comments of documents)

**Signature of person registering report:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:**  
**California Dietetic Association**  
**Consumer Protection Committee**  
**7740 Manchester Ave., Suite 102**  
**Playa Del Rey, CA 90293-8499**

**OR FAX TO: 310-823-0264**